



ICA MEMBERSHIP APPLICATION



ICA serves globally with outreach and support for active advocacy in Health Care Policy, Public Education & Professional Development.

CONTACT INFORMATION: (for Membership Directory)

Name: _____ Date of Birth: _____ / _____ / _____
MONTH DAY YEAR

Address is: Home Office

Address: _____ Phone: _____ Fax: _____

City: _____ State or Province: _____ Postal Code: _____ Country: _____

Cell Phone: _____ E-Mail: _____ (Primary) E-Mail: _____ (Additional)

** Students: Please provide your personal as well as your college e-mail*

Chiropractic College (graduated or attending): _____ Graduation Date:* _____ / _____
MONTH YEAR

**Students: Enter Anticipated Graduation Date*

CHOOSE MEMBERSHIP and PAYMENT CATEGORY:

Check Your Membership Payment Category Box Here: — Auto-Debit Arrangements are encouraged for Annual or Quarterly dues and are required for Monthly* —

	ANNUAL	QUARTERLY	MONTHLY*
Field Dr. US/4+ years after graduation	<input type="checkbox"/> \$660	<input type="checkbox"/> \$165	<input type="checkbox"/> \$55
Field Dr. US/3+ years after graduation	<input type="checkbox"/> \$456	<input type="checkbox"/> \$114	<input type="checkbox"/> \$38
Field Dr. US/2nd year after graduation	<input type="checkbox"/> \$288	<input type="checkbox"/> \$72	<input type="checkbox"/> \$24
Field Dr. US/1st year after graduation (non-former-SICA)	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60	<input type="checkbox"/> \$20
International Membership	<input type="checkbox"/> \$240	<input type="checkbox"/> \$60	<input type="checkbox"/> \$20
Student Membership*	<input type="checkbox"/> \$50	Students: 1-time-only for your entire student career—SICA members: 1st year post-grad FREE!	
US Life Membership	<input type="checkbox"/> \$5,000		
International Life Membership	<input type="checkbox"/> \$1,500		

Additional Membership Opportunities:

Additional Membership Categories and dues rates for faculty, retired, disabled, additional family members in the same office, and lay members are also available!

Please contact ICA home office for more information.

**Auto-Debit Arrangements are Required for Monthly Dues.*

**Students: Forward new contact information after graduation for field member benefits & listing*

PAYMENT INFORMATION:

Please charge my credit card this amount: _____ I want to set up Auto-Debit Check attached for: _____

Account # _____ Exp. Date: _____ Sec. Code: _____

BILLING ADDRESS:

Street Address: _____ Country: _____

City: _____ State or Province: _____ Postal Code: _____

Phone: _____ Signature: _____